

Leadership in Nursing

AIM Statement: Increase nurses' satisfaction with 1st, 2nd, and 3rd level supervision
DPH Objective 6.1b: Increase the leadership capacity of the public health workforce.

PLAN

Identify an opportunity and plan for improvement

The Los Angeles County Department of Public Health (DPH) Quality Improvement Division (QID) Nursing Administration (NADM) conducted a Nurse Satisfaction Survey in May 2012 to gather input from DPH nurses (i.e., PHNs, RNs, LVNs) on their experience working in LAC DPH. The survey achieved a 40% response rate (TN=317) and obtained information on current levels of satisfaction related to their job, work environment and professional development & growth.

I am satisfied with the nursing leadership in DPH. **47%** **3.21**

Only 47% agreed or strongly agreed that they were satisfied with nursing leadership in the Department. The average rating on a 5-point Likert Scale was 3.21 which ranked within the bottom five responses overall. Following the initial survey analysis, Nursing Administration conducted 16 town hall meetings throughout DPH with a total of 536 DPH nursing staff in attendance, to present the results. Additional presentations were made to nursing leaders and it became very clear that an opportunity to improve the skills, abilities and knowledge of DPH nursing leaders to help improve satisfaction levels within the DPH nursing workforce, was a top priority.

Assemble a team

Nursing Administration assembled a team that included Joda Weathersby (Quality Improvement Unit), Lucille Rayford & Diana Soza (Nursing Education and Professional Development Unit), Elvie Tuttle & Erika Goff (Recruitment and Retention Unit). The Nursing Director, Noel Barakat provided direction for the work of the team. Jose Escobar (Nurse Recruitment/Retention) and Mary Orticke (Quality Improvement Unit) were later tapped to join the group as some staff cycled off the team.

Examine the current approach

DPH nursing leaders generally utilized a self-directed approach to improve their leadership skills, however this often led to differences in knowledge and skills which ultimately resulted in decreased levels of nurses' satisfaction with 1st, 2nd, and 3rd level supervision. While DPH offered a Supervisor Development and Training (SDT) course for supervisors department-wide, not all nursing supervisors had access to the SDT adding to the variances in leadership skillsets of supervisors.

Identify potential solutions & develop and improvement theory

The team developed a set of steps & strategies to build leadership skills among current nursing supervisors and managers with the goal of ultimately improving or increasing nurses' satisfaction with 1st, 2nd, and 3rd level supervision. The team envisioned that a leadership curriculum for managers developed and facilitated by Franklin Covey would be effective in meeting the following targets for improvement:

DO

- Increase nurses' satisfaction with 1st level supervision (e.g., PHNS, SCN, and MSCS) by 5% by December 2014.
- Increase nurses' satisfaction with 2nd level supervision (e.g., PS, NM) by 5% by December 2014.
- Increase nurses' satisfaction with 3rd level supervision (e.g., AND, CND) by 5% by December 2014.
- Increase nurses' satisfaction of non-nursing supervisors by 5% by December 2014.

Step 1



Provide nurse leaders with the knowledge, the skills, and the abilities for leadership opportunities and challenges they will face in the work-place.

Step 2



Target DPH Nursing Directors, Assistant Nursing Directors, Managers, Supervisors, Program Specialists and Assistant Program Specialists.

Step 3



Utilize the curriculum developed by NADM, ODT and Franklin Covey to help participants apply the knowledge & skills obtained to the leadership challenges & opportunities at work.

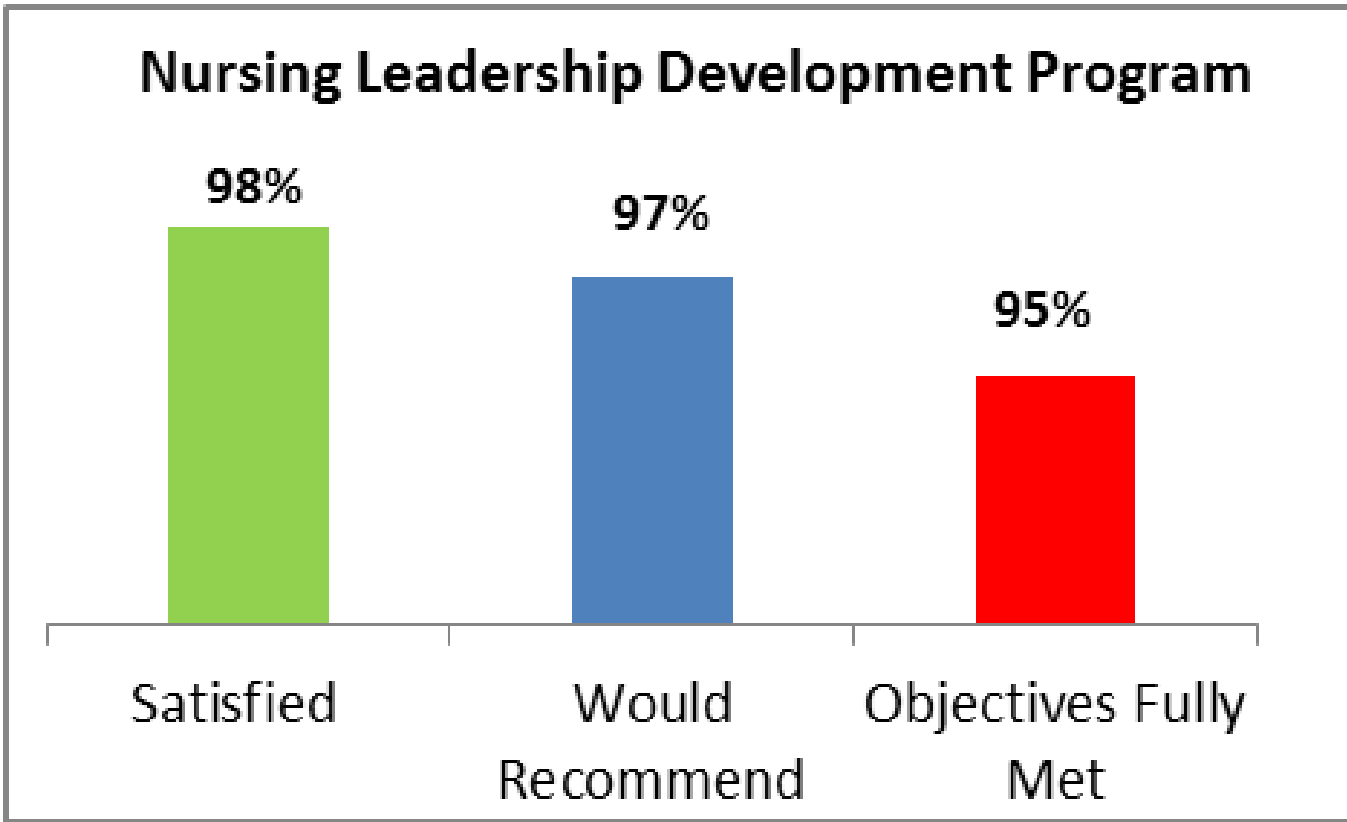
Step 4



Survey participants of the program and the nursing workforce to determine changes in satisfaction levels.

CHECK

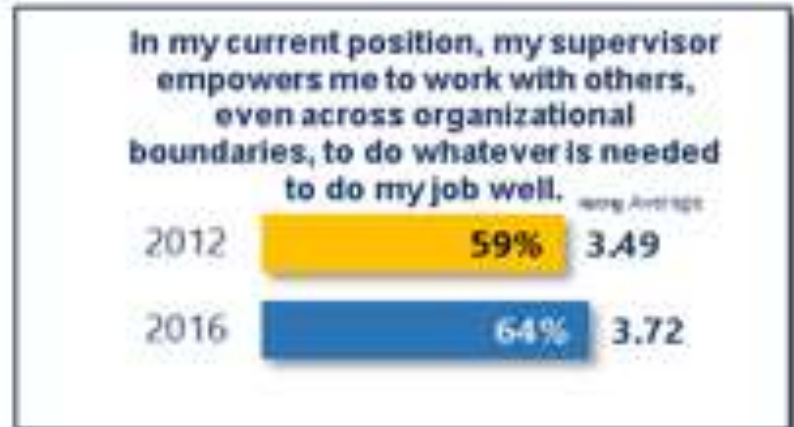
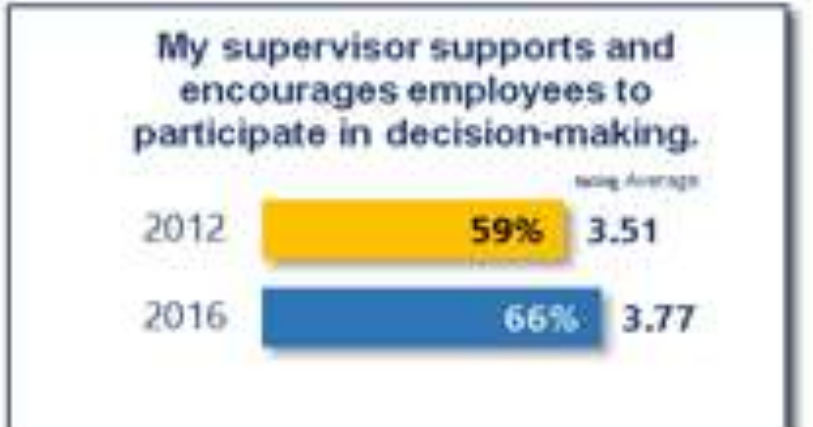
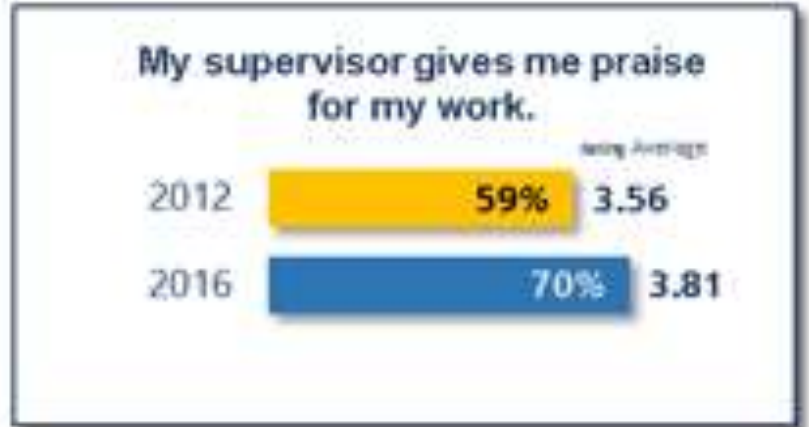
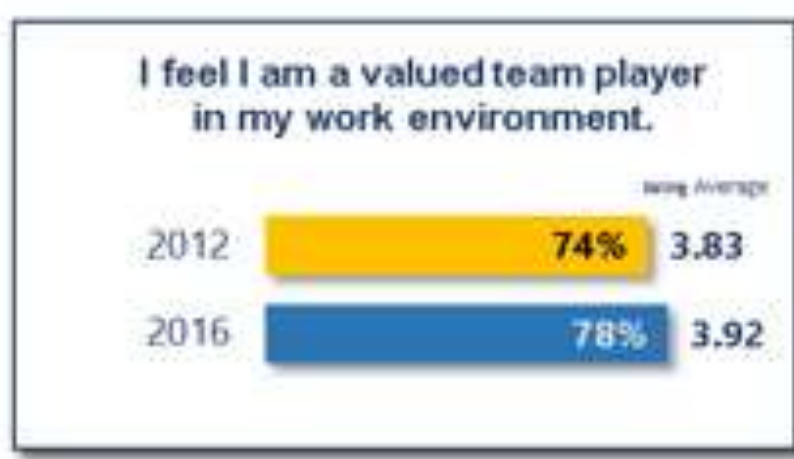
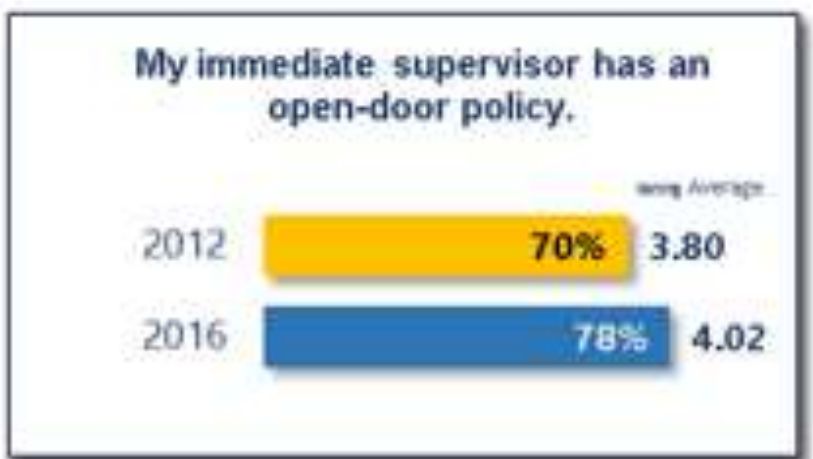
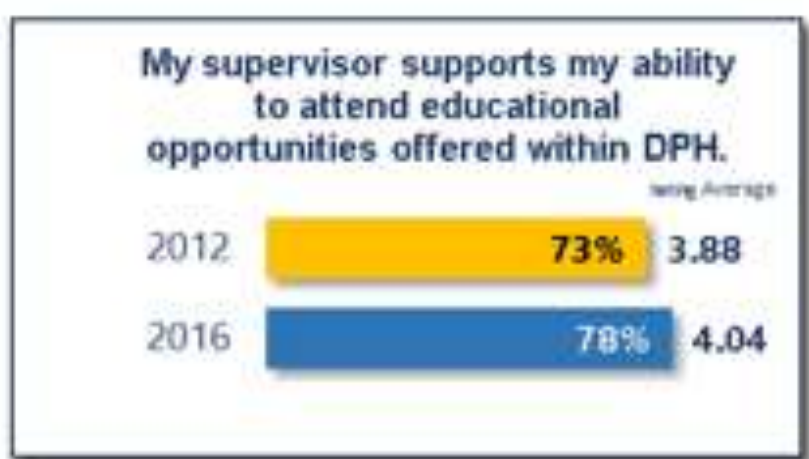
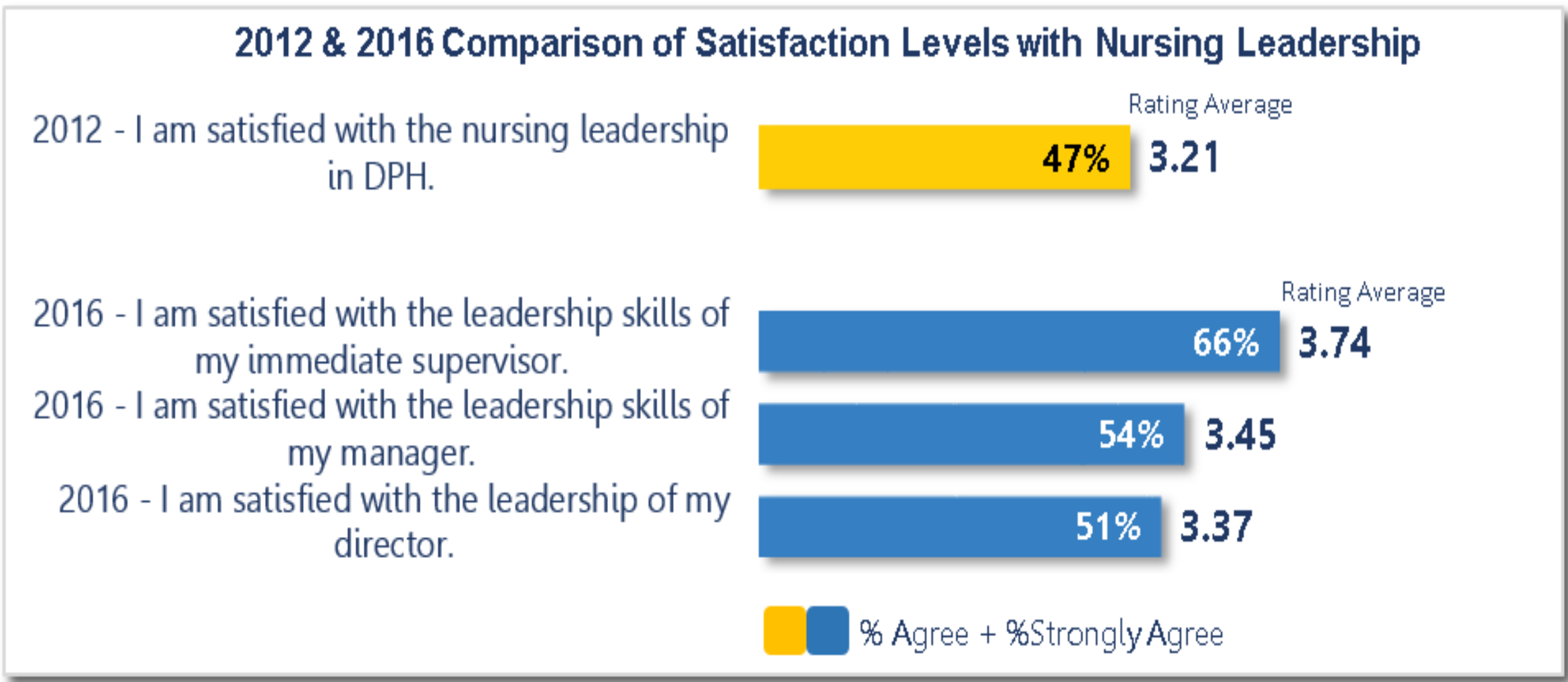
Initial participants of the Nursing Leadership Program reported a high rate of satisfaction with the program. Ninety-seven percent of the first 110 participants stated that they would be able to apply what they learned at work, and



95% of the first participants stated that the objectives were fully met. A satisfaction survey of the nursing workforce to determine if their satisfaction with their nurse leaders increased after this intervention is still pending.

ACT

Three more NLDP cohorts were trained beginning in August 2014 with the last cohort graduating in July 2015. While the plan was for NADM to conduct another nurse satisfaction to meet the established target dates in 2014, several factors played into the department's decision to delay the plan. Nurses (TN=373) were resurveyed in 2016 on how satisfied they were regarding the leadership skills of their (a) direct supervisor; (b) manager; and (c) director.



Although a direct comparison cannot be made between surveys in 2012 & 2016, the later survey reflects a positive increase particularly in nurses' satisfaction with their immediate or first level supervisors (19%) and in other areas. Overall, the improvement plan had a positive impact on nursing leaders' skillsets and satisfaction rates among nurses with their supervisors.